

## 2005 Louisiana Resident Amended Return Information Sheet

Do not mail. Taxpayer information copy.

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Your first name and initial				Last name			<b>←</b>		<b>□→</b>	Your \$	Social Security Number		
If joint return, spouse's first name and initial				Last name			<b>←</b>		□→	Spous	se's Social Secur	ity Number	
Present home address													
City, town or APO State ZIP													
							_						
Filing status													
On original return: $\square$ Single $\square$ Married filing jointly $\square$ Married filing separately									Head o	of hou	usehold	☐ Qual	ifying widow(er)
On this return:			☐ Married	☐ Married filing jointly ☐ Married filing separately				☐ Head of household ☐ Qualifying widow(er)					
-			or adjus	ginally reported Net change or adjusted al of 6A and 6B.)			Correct number of exemptions						
Yourself and spouse: (Includes exemptions for 65/older and Blind.)												<del></del>	
•		•	i oo/older an	a biiria.)									
Taxpayer Copy				copy			amo s pr	rigina ount o eviou justeo	or ısly	Net cha amour increas (decre	nt or se or	Correct amount	
7	FEDERAL ADJUSTED GROSS INCOME												
8	LESS FEDERAL INCOME TAX												
9	YOUR	LOUISIANA TA	AX TABLE INC	OME									
10	YOUR LOUISIANA INCOME TAX												
11 FEDERAL CHILD CARE CREDIT													
NO	NREFUI	NDABLE TAX	CREDITS										
	11A OTHER NONREFUNDABLE TAX CREDITS												
	11C 2005 NONREFUNDABLE LOUISIANA CHILD CARE CREDIT												
	11D TOTAL NONREFUNDABLE TAX CREDITS												
12	ADJUSTED LOUISIANA INCOME TAX												
13	CONSUMER USE TAX												
14	TOTAL INCOME TAX AND CONSUMER USE												
RE	REFUNDABLE CREDITS AND PAYMENTS												
	15A	15A 2005 REFUNDABLE LOUISIANA CHILD CARE CREDIT											
	15B	15B OTHER REFUNDABLE CREE			DITS								
	15C	AMOUNT OF	TAX WITHHE	ELD FOR 200	5								
	15D 15E	AMOUNT PA	ID ON YOUR	BEHALF BY	ARD FROM 2004 A COMPOSITE								

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15F	AMOUNT OF ESTIMATED PAYMENTS FOR 2005		
15G	AMOUNT PAID WITH EXTENSION REQUEST		
15H	TOTAL REFUNDABLE CREDITS AND PAYMENTS		
16	OVERPAYMENT		
17A	AMOUNT OF LINE 16 CONTRIBUTED TO MILITARY FAMILY ASST. FUND		
17B	AMOUNT OF LINE 16 YOU WISH TO DONATE		
17C	AMOUNT OF LINE 16 YOU WISH TO CONTRIBUTE TO START PROGRAM		
17D	AMOUNT OF LINE 16 TO BE CREDITED TO 2006 INCOME TAX		
18	SUBTOTAL – ADD LINES 17A THROUGH 17D		
19	AMOUNT OF LINE 16 TO BE REFUNDED TO YOU		
20	AMOUNT YOU OWE		
21	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND		
22	INTEREST		
23	DELINQUENT FILING PENALTY		
24	DELINQUENT PAYMENT PENALTY		
25	UNDERPAYMENT PENALTY		
26	BALANCE DUE LOUISIANA		